Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REISSUE APPLICATION DECLARATION BY THE INVENTOR	Docket Number (Optional) CSUR.01USR1						
As a below named inventor, I hereby declare that: My residence, mailing address and citizenship are stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,959,574,grantedSeptember 28, 1999 , and for which a reissue patent is sought on the invention entitled Method and System for Tracking Multiple Regional Objects by Multi-Dimensional Relaxation,							
the specification of which							
is attached hereto. was filed onas reissue application number/_ and was amended on (If applicable)							
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)							
x by reason of a defective specification or drawing.							
by reason of the patentee claiming more or less than he had the right to claim in the patent.							
by reason of other errors.							
At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:							
Equations are missing in Lines 21 -29, 3 Column 17 of the specification. Many ot equations may be found. Such instances certificate of correction. Hence, a subprovided.	are too numerous for a						

PTO/SB/51 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

[DEICELLE ADDITION DE OLARA TION DE OLARA TION

	(REISSUE APPLIC	ATION DECLARATION BY THE INVE	ENT	OR, page 2	2)		ket Number $.01$ US $_{ m R}$	` ' '
	All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.							
	Name(s) Registration Number							
	William W. Cochran 26,652							
	Brian K. Herbert 46,288							
	Correspondence Address: Direct all communications about the application to:							
	Customer Number Place Customer Number Bar							
	Type Customer Number here Code Label Here9 PATENT TRADEMARK OFFICE						1 1	
	Firm or Cochran & Collins Individual Name							
	Address	3555 Stanford Rd.						
and and	Address	Suite 230			Υ			T
200	City	Fort Collins		State	CC)	Zip	80525
	Country	U.S.A.		 -	T		1005	
the state of the s	Telephone	970-377-6363		Fax	970-207-1985			
17 18 18 16" 6" 18 18 18 18 18 18 18 18 18 18 18 18 18	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.							
John Way	Full name of sole or first inventor (given name, family name) Aubrey B. Poore, Jr.							
New Second	5.4							
lank lank	Residence 941							
	Mailing Address 941 Chippewa Ct., Fort Collins, Colorado 80525							
	Full name of second joint inventor (given name, family name)							
	Inventor's signature		D	ate				
	Residence		С	Citizenship				
	Mailing Address							
	Full name of third joint inventor (given name, family name)							
	Inventor's signature		D	ate				
	Residence		c	itizenship				
	Mailing Address							
	Additional joint inventors are named on separately numbered sheets attached hereto.							

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	REISSUE APPLICATION: CONSENT OF ASSIGNED STATEMENT OF NON-ASSIGNMENT	EE;	Docket Number (Optional) CSUR.01USR1					
	This is part of the application for a reissue patent based on the original patent identified below.							
	Name of Patentee(s) Aubrey B. Poore, Jr.	of Patentee(s) Aubrey B. Poore, Jr.						
	Patent Number 5,959,574	Date Patent Issued September 28, 1999						
	Title of Invention Method and System for Tracking Multiple Regional Objects by Multi-dimensional Relaxation							
	1. X Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)							
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ent of the patent is in effect.							
And the House was the grap part of the House was the House with the house th	One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee". The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.							
2 2 2 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3	Colorado State Universit The assignee(s) owning an undivided interest in said original patent is/are Research Foundation, and the assignee(s) consents to the accompanying application for reissue.							
Name of assignee/inventor (if not assigned)								
	Signature	Date	May. R. 2907					
	Typed or printed name and title of person signing for assignee (if assigned) Arundeep Pradhan, An Official Officer of CSURF, Director Technolog Transfer							

Burden Hour Statement This form is estimated to take 0.1 hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO. Assistant Commissioner for Patents, Washington, DC 20231